



Loudoun County Parks, Recreation and Community Services
Adaptive Recreation Summer Day Camp
PERMISSION FORM

Camper NAME:	Camper DOB:
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SUNSCREEN PERMISSION

My child needs the following assistance applying sunscreen: (please check one of the following)

- ☐ Does NOT need assistance
- ☐ Needs ONLY verbal prompting
- ☐ Needs assistance

If assistance is needed, please provide instructions for specific assistance required:

DIAPER CREAM (if applicable):

- ☐ I give the Adaptive Recreation Summer Staff permission to apply Diaper Cream (**which I will supply**) to my child, during changing. I understand that the diaper cream I provide **MUST** have my child's name on it.

ANIMAL ASSISTED ACTIVITIES

☐ I certify that the above named child has my permission to participate in the Animal-Assisted Activity program held at Adaptive Recreation Summer Camp. I understand that specially trained and certified Assistance K-9s (therapy dogs) will be used for this program. The therapy dogs will meet with the children and participate in activities presented to support functional skills, such as arm/hand/eye coordination, communication and language, bilateral coordination, socialization, and/or other activities consistent with the children's developmental level. I further certify that the above named child does not have any allergies or other known medical condition(s) which would interfere or preclude his/her participation in such programs.

CREATIVE ARTS GROUPS

☐ I certify that the above named child has my permission to participate in Creative Arts-Facilitated Groups program held at Adaptive Recreation Summer Camp. I understand that a specialist trained in Music or Art Therapy will be facilitating the group sessions. The Specialist will utilize a variety of instruments, songs, and/or art activities designed to support functional skills such as arm/hand/eye coordination, communication and language, bilateral coordination, socialization, and/or other skills consistent with the child's developmental level. I further certify that the above named child does not have any known medical condition(s) which would interfere or preclude his/her involvement or participation in such programs.

FITNESS GROUP

☐ I certify that the above named child has my permission to participate in the Fitness Group held at Adaptive Recreation Summer Camp. I understand that a specialist, trained in Fitness, wellness or movement therapy will be facilitating the group session. The Fitness session may utilize a variety of stretches, poses and movement designed to support functional skills such as physical coordination, awareness of body and space, relaxation, and/or other skills consistent with the child's developmental level. I further certify that the above named child does not have any known medical condition(s) which would interfere or preclude his/her involvement or participation in such programs.

Parent / Guardian Signature

Date